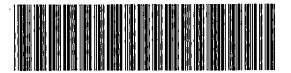
## 114540

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		. "

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Off/Dir Resignation

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Gulf Place II Condominium ASSOC & Lee Country (Name of Corporation)  DOCUMENT NUMBER: N 14540
DOCUMENT NUMBER: 19 19 90
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Odalys Eire (Name of Person)
(Name of Firm/Company)
P.O. BOX 1623 (Address)
(Address)
Ft. Myers, FL 33902 (City/State and Zip Code)
For further information concerning this matter, please call:
Odalys Eire at (239) 369-5214  (Name of Person) at (239) 369-5214  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Odalys Eike , hereby resign as President	
of_	Gulf Place II Condominium Assoc. & Lee County, INC	٢
	(Name of Corporation)  Name of Corporation)  Name of Corporation)  (Document Number, if known)  (Document Number, if known)	
	Florida.	
	- Classin R	
	(Signatute/of resigning officer/director)	
	PH 08.5	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314